FEB 2 7 2007 Complete and send this form, pogeti

PART B - FEE(S) TRANSMITTAL

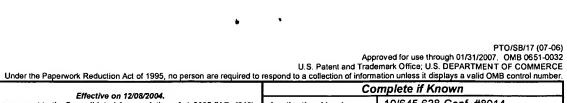
Complete and send this form, together with applicable fee(s), to: Mai

gether with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notifica			Note	: A certificate of mail	ing can only be used for	or domestic mailings of the
		our room any on migo or acceptance,	pape	ers. Each additional par	er, such as an assignme	for any other accompanying ent or formal drawing, must
24998	7590 11/29	/2006	have		nailing or transmission.	
DICKSTEIN S 1825 EYE STRI Washington, DC	EET NW		I her State addr trans	Certification reby certify that this Fees Postal Service with seesed to the Mail Stommitted to the USPTO (ate of Mailing or Transe(s) Transmittal is bein sufficient postage for fir p ISSUE FEE address 571) 273-2885, on the o	smission g deposited with the United stst class mail in an envelope s above, or being facsimile date indicated below.
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	FORNEY DOCKET NO.	CONFIRMATION NO.
10/645,638	08/22/2003		Masafumi Kimura		R2184.0253/P253	8014
TITLE OF INVENTION RECORDING MEDIUM		NISM, DRIVE UNIT, A	AND INFORMATION PR	OCESSING APPARA	TUS FOR AN INFOR	RMATION
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700 •	02/28/2007
EXAM	IINER .	ART UNIT-	CLASS-SUBCLASS			
CASTRO,	ANGEL A	2627	369-030360	•		
CFR 1.363).	ence address or indicatio		2. For printing on the p (1) the names of up to or agents OR, alternative	3 registered patent att	orneys '	tein Shapiro LLF
"Fee Address" ind	lication (or "Fee Address 02 or more recent) attach	" Indication form ed. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or typ			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	atent. If an assignee is assignment.	identified below, the	document has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COU 02/28/20	NTRY) 37 JADDO2	229 10645638
Ricoh Comp	-	categories (will not be p	Tokyo, Japai rinted on the patent):	n ai FC:15	2 1	1403.00 OP 258.08 OP roup entity Goggernment
4a. The following fee(s) Issue Fee	are submitted:	4	b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby	ise first reapply any plus d. Form PTO-2038 is a vauthorized to charge the	reviously paid issue fee attached. he required fee(s), any d	e shown above) deficiency, or credit any
		d about	overpayment, to Depo	sit Account Number	(enclose	an extra copy of this form).
_ ` .	itus (from status indicate is SMALL ENTITY stati		b. Applicant is no long	ger claiming SMALL E	NTITY status. See 37 C	CFR 1.27(g)(2).
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Tpademark	ed from anyone other than to Office.	he applicant; a registere	ed attorney or agent; or t	the assignee or other party in
Authorized Signature	().//-	Bake		_{Date} Februa	ry 2 1, 2007	
	Mark J. Thr		vid T. Back		33,082 5	
Alexandria, Virginia 223	313-1430.		on is required to obtain or r 1.14. This collection is est y depending upon the indivine Chief Information Office COMPLETED FORMS TO espond to a collection of inf			nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.



FEE TRANSMITTAL FOR FY 2006 Applicant claims small entity status. See 37 CFR 1.27 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Check x Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
For FY 2006 First Named Inventor Examiner Name A. A. Castro Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2653 TOTAL AMOUNT OF PAYMENT (\$) 1,709.00 Attorney Docket No. R2184.0253/P253 METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee and additional fee(s) or underpayments of Credit any overpayments
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2653 TOTAL AMOUNT OF PAYMENT (\$) 1,709.00 Attorney Docket No. R2184.0253/P253 METHOD OF PAYMENT (check all that apply) Check x Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Credit any overpayments
Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2653 TOTAL AMOUNT OF PAYMENT (\$) 1,709.00 Attorney Docket No. R2184.0253/P253 METHOD OF PAYMENT (check all that apply) Check
TOTAL AMOUNT OF PAYMENT (\$) 1,709.00 Attorney Docket No. R2184.0253/P253 METHOD OF PAYMENT (check all that apply) Check
METHOD OF PAYMENT (check all that apply) Check
Check X Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of X Credit any overpayments
Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of X Credit any overpayments
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayments of X Credit any overpayments
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee The Charge fee(s) indicated below, except fee
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee The Charge fee(s) indicated below, except fee
icolo, aliabi or city into alia intr
FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FILING FEES SEARCH FEES EXAMINATION FEES
Small EntitySmall EntitySmall EntityApplication TypeFee (\$)Fee (\$)Fee (\$)Fee (\$)Fee (\$)
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0
2. EXCESS CLAIM FEES Small Entit
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025
Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180
Total Claims
HP = highest number of total claims paid for, if greater than 20.
Indep. Claims
HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 (round up to a whole number) x =
4. OTHER FEE(S) Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00
1504 Publication fee for early, voluntary, or normal 300.00 8001 Printed copy of patent w/o color 9.00
SUBMITTED BY
Signature Registration No. 54 Q85 Telephone (202) 420-2748
Name (Print/Type) David T. Beck (202) 420-2740 Date February 27, 2007